UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: H210k 2 Serial/Patent # 09537118								
3 Please refund the following fee(s):			PER IBER	5 DATE FILED	6 AMOUNT			
X	Filing - RCE	W	E	11/16/15	\$ 395			
7	Amendment				\$			
X	Extension of Time	111	EG	11/16/05	\$ 285			
	Notice of Appeal/Appeal				\$			
	Petition				\$			
	Issue				\$			
	Cert of Correction/Terminal Disc.			·	\$			
	Maintenance				\$			
	Assignment				\$			
	Other				\$			
		7 TOTAL AMOUNT OF REFUND			\$			
			8 TO BE REFUNDED BY:					
10 REASON:			Treasury Check					
*	Overpayment	Credit Deposit A/C #:						
	Duplicate Payment	0, 494-11073						
X	No Fee Due (Explanation):	Ledit Cont						
Papers were not properly processed								
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: Shary D. Brikle TITLE: Pettrus Eyen								
SIGNATURE: Dury D. Ponkles PHONE: 23204								
OFFICE: Detitors								
THIS SPACE RESERVED FOR FINANCE USE, ONLY:								
APPROVED: DATE: 2128/00								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PTO/S8/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FY 2009 (Fees pursuant to the Consolidated Appr		N9810.0007/P007			
Application Number 09/5	537,118-Conf. #7521	Filed	March 29, 2000		
For BUCCAL, POLAR AND NON-P	OLAR SPRAY OR CAPSULE				
Art Unit 1616		Examiner	M. Haghighatian		
This is a request under the provisions of identified application. The requested extension and fee are a One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)	as follows (check time period d <u>Fee</u> \$120 \$450	esired and enter the a Small Entity F \$60 \$225	appropriate fee below Fee \$ \$		
Three months (37 CFR 1.17(a)(3		102 \$510			
Four months (37 CFR 1.17(a)(4		\$795 \$1080	\$ \$		
Five months (37 CFR 1.17(a)(5))) \$2160	\$1000	<u> </u>		
X Payment by credit card. Form I The Director has already been a X The Director is hereby authorize Deposit Account Number	authorized to charge fees in the		edit any overpayment		
The Director has already been a X The Director is hereby authorized Deposit Account Number I am the applicant/invent assignee of reconstatement of	authorized to charge fees in the ed to charge any fees which model 1073 I have each	nay be required, or cronclosed a duplicate of the control of the c	edit any overpayment opy of this sheet.		
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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Under the Agreement Request Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005				Complete if Known					
				1.9 0.000.000.000		09/537,118-Conf. #7521			
				First Named Inventor Ha		March 29, 2000 Harry A. Dugger, III			
									Examiner Name M.
				X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1616	
TOTAL AMOUNT OF PAYMENT (\$) 680.00				Attorney Docket No. N9810.0007/P007					
METHOD OF	PAYMENT (check	k all that apply)							
Check X Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP									
	bove-identified dep				zed to: (check	all that apply)			
_	arge fee(s) indicate			Char	ge fee(s) indic	ated below, e	xcept for th	e filing fee	
	-		navment of	一					
fee	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCUL									
1. BASIC FILING	, SEARCH, AND	EXAMINATION			CV A BAILLA	TION FEES		'	
	F	ILING FEES Small Ent	-	ARCH FEES Small Entity		Small Entity			
Application Ty	pe <u>Fee</u>				Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>	
Utility	300	150	500	250	200	100			
Design	200	0 100	100	50	130	65			
Plant	20	0 100	300	150	160	80			
Reissue	30	0 150	500	250	600	300			
Provisional	20	0 100	0	0	0	0			
2. EXCESS CLA	IM FEES							Small Entity Fee (\$)	
Fee Description							Fee (\$)		
Each claim over 20 (including Reissues)									
	nt claim over 3 (in	cluding Reissuc	s)			•	200 360	180	
Multiple depend	ent claims					14'-1- Banand		100	
Total Claims Extra Claims Fee (\$) Fee			Fee	Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)		,			
25	25 =	. × *	'		<u> 190</u>	191	rea raid (a	'	
today Claima	Extra Claims	Fee (\$)	Fee	Paid (\$)				_	
Indep. Claims 3	- 3 =	x 100 (4)							
- 4001 104710	N CIZE EEE	· 							
10.1	ممجنييمساء المسم سدنه	exceed 100 she	ets of paper	(excluding elec	tronically file	ed sequence o	r computer	.	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.10(5).									
Total Sheets Extra Sheets Number of good up to a whole number y									
Fees Paid (\$)									
4. OTHER FEE(S) ————————————————————————————————————									
Non-English Specification, \$130 fee (no small entity discount) Other (no. lete filling symphotopy) Extension for response within third month (previously									
Other (e.g., late ming surchage). 2251 paid for 2 months) 255.00									
2801 Request for continued examination (RCE) (see 37 395.00									
SUBMITTED BY									
Signature	69	Y		Registration No. (Attorney/Agent)	32,115	Telephone	(202) 77		
Name (Print/Type)	James W. Brad	ly, Jr.				Date	November	16, 2005	